

Attention: \_\_\_\_\_

**Harris County Domestic Relations Office**  
**Family Court Services Division**  
**1310 Prairie, Suite 620, Houston, Texas 77002**  
**Phone: (713)-274-7305/Fax: (713) 437-4729**

**EVALUATION INFORMATION FOR CAUSE NO.: 6 \_\_\_\_\_**

*Print or type all information and return to the above address within five (5) days. If there is not enough space for any inquiry, please provide any additional information on a separate sheet of paper.*

**Information about You**

Name (first, middle, last, maiden): \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_ Work phone #: \_\_\_\_\_  
Birth date: \_\_\_\_\_ City/ State where you were born: \_\_\_\_\_  
Immigration status and identification #: \_\_\_\_\_  
Highest education level (*GED, high school grad., some college, college grad.*): \_\_\_\_\_  
Driver's License Number/State: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Military Service(*dates, branch, type of discharge*): \_\_\_\_\_  
Religious preference: \_\_\_\_\_ Attendance, (*none, occasionally, weekly*): \_\_\_\_\_

**Your Family History**

Your Parents:

Father's name: \_\_\_\_\_ Place of residence: \_\_\_\_\_ Deceased: \_\_\_\_\_  
Mother's name: \_\_\_\_\_ Place of residence: \_\_\_\_\_ Deceased: \_\_\_\_\_

Siblings: Number of Brothers: \_\_\_\_\_ Number of Sisters: \_\_\_\_\_

**Your Employment History**

Present employer: \_\_\_\_\_ Title/ position: \_\_\_\_\_  
Start date: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Past employment: (*give names of businesses, start and end dates and reason for termination for last 5 years*)  

Name of Company/ Business	Start/End Date	Position	Reason for Leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Your Health Information**

Present health status (*poor, good, excellent*) \_\_\_\_\_ Prior health concerns/ significant treatments/ hospitalizations, (*dates, places and reasons*) \_\_\_\_\_  
\_\_\_\_\_  
Past/ present psychological treatment/ counseling, (*dates, places and reasons*): \_\_\_\_\_  
\_\_\_\_\_  
Past/ present substance abuse treatment/ counseling, (*dates, places and reasons*): \_\_\_\_\_  
\_\_\_\_\_  
Present medications: \_\_\_\_\_

## Marital/Relationship History

1. Name of **PRESENT** spouse/partner (first, middle, last, maiden): \_\_\_\_\_  
Birth date: \_\_\_\_\_ City/ State where they were born: \_\_\_\_\_  
Date/place of marriage: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
If not married, does your partner live with you? \_\_\_\_\_ Date relationship began: \_\_\_\_\_

Child(ren) of this Relationship/Marriage:

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

2. Name of the **first person** you married or partner with whom you had children: \_\_\_\_\_

Child(ren) of this Relationship/Marriage:

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Date and place of **marriage**: \_\_\_\_\_ If widowed, date of spouse's death \_\_\_\_\_  
Date of divorce: \_\_\_\_\_ County/State granted: \_\_\_\_\_ Cause #: \_\_\_\_\_

If a **non-marriage relationship** with children, dates of relationship: \_\_\_\_\_

Date of paternity establishment: \_\_\_\_\_ County/State granted: \_\_\_\_\_ Cause #: \_\_\_\_\_

Conservatorship (Custody terms): Joint \_\_\_\_\_ Sole \_\_\_\_\_ Possession (Visitation): Standard \_\_\_\_\_ Modified: \_\_\_\_\_

Monthly child support: \$ \_\_\_\_\_ Are payments current: \_\_\_\_\_ Arrearage balance (estimated): \$ \_\_\_\_\_

3. Name of the **second person** you married or partner with whom you had children: \_\_\_\_\_

Child(ren) of this Relationship/Marriage:

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Date and place of **marriage**: \_\_\_\_\_ If widowed, date of spouse's death \_\_\_\_\_

Date of divorce: \_\_\_\_\_ County/State granted: \_\_\_\_\_ Cause #: \_\_\_\_\_

If a **non-marriage relationship** with children, dates of relationship: \_\_\_\_\_

Date of paternity establishment: \_\_\_\_\_ County/State granted: \_\_\_\_\_ Cause #: \_\_\_\_\_

Conservatorship (Custody terms): Joint \_\_\_\_\_ Sole \_\_\_\_\_ Possession (Visitation): Standard \_\_\_\_\_ Modified: \_\_\_\_\_

Monthly child support: \$ \_\_\_\_\_ Are payments current: \_\_\_\_\_ Arrearage balance (estimated): \$ \_\_\_\_\_

4. Name of the **third person** you married or partner with whom you had children: \_\_\_\_\_

Child(ren) of this Relationship/Marriage:

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Date and place of **marriage**: \_\_\_\_\_ If widowed, date of spouse's death \_\_\_\_\_

Date of divorce: \_\_\_\_\_ County/State granted: \_\_\_\_\_ Cause #: \_\_\_\_\_

If a **non-marriage relationship** with children, dates of relationship: \_\_\_\_\_

Date of paternity establishment: \_\_\_\_\_ County/State granted: \_\_\_\_\_ Cause #: \_\_\_\_\_

Conservatorship (Custody terms): Joint \_\_\_\_\_ Sole \_\_\_\_\_ Possession (Visitation): Standard \_\_\_\_\_ Modified: \_\_\_\_\_

Monthly child support: \$ \_\_\_\_\_ Are payments current: \_\_\_\_\_ Arrearage balance (estimated): \$ \_\_\_\_\_

## Criminal History

☐ None

Arrest or Charge:	Case Number:	Date of Offense:	Result (probation, sentence, etc.):
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### CPS History (Department of Family & Protective Services)

☐ None

Allegations: \_\_\_\_\_

Date of Allegations: \_\_\_\_\_

Result: (i.e., validated, factor's controlled, etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Information Regarding Children of this Suit and All Children Living In Your Home

1. Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
School or Childcare: \_\_\_\_\_ Current school grade: \_\_\_\_\_  
Present health status (*poor, good, excellent*) \_\_\_\_\_ Prior/current health concerns/ hospitalizations, (*dates, places and reasons*) and medications: \_\_\_\_\_

2. Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
School or Childcare: \_\_\_\_\_ Current school grade: \_\_\_\_\_  
Present health status (*poor, good, excellent*) \_\_\_\_\_ Prior/current health concerns/ hospitalizations, (*dates, places and reasons*) and medications: \_\_\_\_\_

3. Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
School or Childcare: \_\_\_\_\_ Current school grade: \_\_\_\_\_  
Present health status (*poor, good, excellent*) \_\_\_\_\_ Prior/current health concerns/ hospitalizations, (*dates, places and reasons*) and medications: \_\_\_\_\_

4. Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
School or Childcare: \_\_\_\_\_ Current school grade: \_\_\_\_\_  
Present health status (*poor, good, excellent*) \_\_\_\_\_ Prior/current health concerns/ hospitalizations, (*dates, places and reasons*) and medications: \_\_\_\_\_

### Documents Requested

Please have the following documents available for review at the time of the home visit:

1. Birth certificate for the child(ren) in the suit.
2. Marriage license(s) for current marriage.
3. Divorce decrees or court orders regarding previous marriages/relationships.
4. Most recent paycheck stubs (2-4), DBA or business registration, or letter to verify employment.
5. Most recent report cards for school-age child(ren).
6. Citizenship papers (permanent residency card or naturalization paperwork), if applicable.
7. Death certificates, if applicable.
8. A copy of driver's license for all adults living in the home.
9. A list of at least five (5) references that includes at least one nonrelated individual. Please make sure their names, city and state of residence, and daytime phone numbers are included (home, cell, work).

**SIGNATURE: I affirm that all information provided in this Evaluation Information form is true, correct and complete.**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)